## SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FC	OR LINE NUMBER:					Р	PAGE 2398 / 4665				
(check only one)											
	16	X	17a		17b		17c		17d		18
	19a		19b		20a		20b		20c		21

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) LINDA MCGAUGH	Transaction ID : SA17.757059  Date of Receipt  05 27 2015					
Mailing Address 8705 NE ALBERTA ST						
City PORTLAND	State Zip Code OR 97220-4719	CONTRIBUTION				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer PORTHAVEN CARE CENTER	Occupation REG. NURSE	44.00				
Receipt For: 2016	Election Cycle-to-Date ▼  219.00					
Full Name (Last, First, Middle Initial) DIANA MCGINNIS	Transaction ID : SA17.728258 Date of Receipt					
	Mailing Address 8800 DORCHESTER ROAD UNIT 2504					
City NORTH CHARLESTON	State Zip Code SC 29420-7334	CONTRIBUTION				
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
Name of Employer BENEFIT FOCUS	Occupation PROGRAM MANAGET	250.00				
Receipt For: 2016  Primary General  Other (specify) ▼	Election Cycle-to-Date  250.00					
Full Name (Last, First, Middle Initial) GERALD MCGINNIS	Transaction ID : SA17.793332 Date of Receipt					
Mailing Address 1031 PETTIT CT		04 17 2015				
City MARCO ISLAND	State Zip Code FL 34145-6629	CONTRIBUTION				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer RETIRED	Occupation RETIRED	1000.00				
Receipt For: 2016   ✓ Primary General  Other (specify) ▼	Election Cycle-to-Date					
Subtotal Of Receipts This Page (opt	ional)					